

JC10- c'd PCT/PTO 2-1 JUL 2005  
Serial No. 9501-0007  
PATENT

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By: Anne Currier Carr  
Anne Currier Carr

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of

MITSUO NISHIKAWA

Examiner: Unassigned

Application No.: 10/512,109

Art Unit: Unassigned

Filed: October 19, 2004

Confirmation No.: 4547

For: POLYPEPTIDE HAVING AN ACTIVITY TO SUPPORT PROLIFERATION OR SURVIVAL OF HEMATOPOIETIC STEM CELL OR HEMATOPOIETIC PROGENITOR CELL, AND DNA CODING FOR THE SAME

**COMMUNICATION UNDER 37 C.F.R. 1.78(a)(5)(iv)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

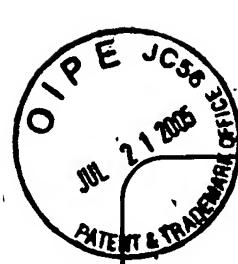
In accordance with 37 C.F.R. §1.78(a)(5)(iv), Applicant hereby submits a Verification of Translation and true English translation of U.S. Provisional Application No. 60/379,001, filed April 26, 2002. It is respectfully requested that this Verification of Translation and the attached translation be made of record in the above-identified application.

Dated: 7/12/05  
ROBINS & PASTERNAK LLP  
1731 Embarcadero Road, Suite 230  
Palo Alto, CA 94303  
Tel: (650) 493-3400  
Fax: (650) 493-3440

Respectfully submitted,

By:

**Robert L. Robins**  
**Reg. No. 33.208**



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	173	Attorney Docket Number	5501-0007
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## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate) <input checked="" type="checkbox"/> Fee Attached (\$250 check)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Communication Under 1.78(a)(5) (1 page) <input type="checkbox"/> COPY Verification of Translation (1 page) <input type="checkbox"/> COPY translation of 60/376,001 (155 pages) <input type="checkbox"/> COPY of signed Declaration (3 pages) <input type="checkbox"/> COPY Notification Missing Reqs (2 pages) <input type="checkbox"/> Return Receipt Postcard (1 page)
<input checked="" type="checkbox"/> Extension of Time Req (duplicate) <input type="checkbox"/> Express Abandonment Request		
<input checked="" type="checkbox"/> Information Disclosure Statement Statement (2 pages) PTO/SB/08A & B Lists (2 pages) Copies of All References (pages not counted)		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Roberta L. Robins		
Date	7/12/05	Reg. No.	33,208

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Anne Currier Carr	Date	7/12/05



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$250)

Complete if Known	
Application Number	10/512,109
Filing Date	October 19, 2004
First Named Inventor	Mitsuo Nishikawa
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	5501-0007

## METHOD OF PAYMENT (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES:		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

-20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

-3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____ / 50 = _____	(round up to a whole number)	x _____	= _____

Fees Paid (\$)

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	130
Surcharge for late oath or declaration	120
Other: Extension of time for one month	120

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,208	Telephone (650) 493-3400
Name (Print/Type)	Roberta L. Robins		Date 7/12/05	



## VERIFICATION OF TRANSLATION

I, Yoshiyuki KAWAGUCHI, a citizen of Japan,

of c/o SERA, TOYAMA, MATSUKURA & KAWAGUCHI, Yokoyama Bldg., 6th Floor, 4-10, Higashi Nihonbashi 3-chome, Chuo-ku, Tokyo, 103-0004 Japan

hereby declare as follows:

1. I am a translator and am familiar with the English and Japanese languages.
2. I am the translator of the documents attached hereto and certify that the following is a true English translation of U.S. Patent Application No. 60/376,001 filed on April 26, 2002 to the best of my knowledge and belief.

Dated this 13th day of August, 2002

\_\_\_\_\_  
Signature of translator  
KAWAGUCHI, Yoshiyuki, Ph.D.  
Patent Attorney